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Topic 1

In this topic you will learn how to:

- 1A** Recognise and respond to signs that a person may be considering suicide
- 1B** Explore any indications that the person may be considering suicide
- 1C** Ask specifically about thoughts of suicide when there are concerns
- 1D** Inform and facilitate the intervention by seeking understanding

Identify and assess the person's current suicide risk

All community services workers must have an understanding of how to identify and provide effective help for people at risk of suicide. Workers must be able to recognise the warning signs that someone may be considering suicide. It is also important that workers do not make assumptions and that they take all statements people make about suicide seriously. These steps can help save someone's life.

Indicators of self-harm

Self-harm is most commonly understood as people causing injury to themselves without necessarily wanting to die. Self-harm does not always lead to suicide. Self-harming activity may be associated with increased suicide risk but is not always so. People often self-harm as a way of releasing pent-up feelings or dulling emotional pain. Self-harm may result in accidental suicide when a person causes lethal damage to themselves unintentionally; for example, they overdose on drugs as a way to block out emotional pain or stress.

Indicators of self-harming behaviour can begin after a crisis or recent difficult life event; for example, the death of a loved one, relationship breakdown, difficulties at home or school, recent abuse or violence. It may start as a result of depression, anxiety or another mental health concern or as a result of a trauma or abuse in childhood. Some people are known to begin self-harming as a result of a physical illness or disability.

Common forms of self-harm include:

- ▶ making cuts to the body
- ▶ burning oneself
- ▶ overdosing on medication or drugs
- ▶ inhaling harmful substances
- ▶ hitting the body with fists or another object
- ▶ punching walls or other objects
- ▶ scratching or picking the skin, resulting in bleeding or welts or pulling out hairs.

Respond to signs

You can help someone who indicates that they are thinking about suicide by following these suggestions.

How to respond to signs of suicide

- ▶ Listen non-judgmentally and encourage them to talk about how they are feeling.
- ▶ Acknowledge whatever feelings they express by saying; for example, 'You seem really sad and despairing'.
- ▶ Ask them directly if they are considering suicide.
- ▶ Avoid giving advice such as, 'You're just feeling a bit down, cheer up and everything will be okay', or 'You just need to pull yourself together'.
- ▶ Make sure that the person is not left alone; call family or friends if necessary to organise support for the person.
- ▶ Be reassuring and tell them about the type of help available.
- ▶ Ensure the person at risk does not have access to a means of suicide such as lethal weapons or medications.
- ▶ Avoid showing frustration, panic, anger or fear.

Awareness of personal values, beliefs and attitudes

You must be aware of your own values, beliefs and attitudes regarding people who are at risk of suicide, as these could affect the way you carry out your work. Workers who are critical may make people feel worse about themselves and even more determined to end their lives. Consider the following points.

Values, beliefs and attitudes

- ▶ Our values represent our personal standards and our ideas about what we think are important. Our beliefs are what we accept to be true. Sometimes beliefs are not based on fact and need to be challenged or carefully examined. Our attitudes are our usual ways of thinking that influence our behaviour.

Avoid making assumptions

- ▶ If you believe that people who talk about wanting to die are seeking attention or being melodramatic, you may not be able to respond to them as appropriately as someone who recognises that they are in deep distress and need help.

Avoid being judgmental

- ▶ It is important that you adopt a non-judgmental attitude and try to be as empathetic as possible. This means trying to put yourself in the person's frame of reference and seeing things from their perspective. People may seem to you to be showing signs of one-sided or distorted thinking, but you should not be critical or tell them to 'snap out of it'.

Avoid making the person feel guilty

- ▶ It is essential that you do not make the individual feel ashamed or guilty, or that they are being a burden. No matter what your personal values, beliefs or attitudes are about suicide, you must focus on letting the person know that you care about them and that you are not there to judge them.

Common notions about suicide

You should be wary about believing many of the common myths about suicide that are outlined here.

Myth 1

Myth: People who frequently threaten suicide rarely carry out their threats.

Truth: People who talk about suicide are often making a plea for help, and being ignored may push them over the edge.

Myth 2

Myth: All people who think about suicide are unstable or mentally ill.

Truth: It is estimated that up to 90 per cent of people who consider suicide or end their own life experience depression or other mental health disorder, but it is important to remember that many people are suicidal for other reasons.

Explore links to life

When assessing suicide risk a worker needs to explore with the person what links them to life and focus on the individual's protective factors. For example, a person may have children who need support, or they may have excellent problem-solving skills in other areas of their life. Such responsibilities and skills link them to life, although they may be unable to see this when they are in crisis.

Sometimes people in crisis need to be reminded about how their death might impact others. Emphasising links to life and protective factors is a strengths-based approach that helps to re-establish the person's confidence in overcoming their problems. It is also a way of moving forward that can inform and facilitate further intervention.



Risk factors, actions and considerations

Below is a summary of the risk factors, actions and considerations that community services workers should be able to apply when doing an assessment and providing support to a person who is considering suicide. These may serve as a useful guide.

Suicidal thoughts

If you suspect a person is considering suicide you need to ask them directly about the presence of suicidal thoughts. If they answer yes to a question such as, 'Are you thinking of suicide?', you need to find out:

- ▶ why the person is considering suicide
- ▶ the extent of the person's distress
- ▶ the main source of the distress.

People considering suicide will usually express:

- ▶ feelings of deep hopelessness, despair and loneliness
- ▶ a desire to escape pain and distress that seems intolerable
- ▶ a feeling of being trapped that prevents them from seeing alternatives to suicide.

You can explore a person's degree of hopelessness by asking them how they feel about their future.

3. Identify three protective factors that may decrease the likelihood for suicide risk.

Summary

1. No matter what area of community services you work in, you may encounter people who are at risk of suicide. It is important that you know the signs that indicate an individual may be considering suicide or self-harm.
2. One of the most important things you can do is to take a person seriously if they say they are thinking about suicide. Never disregard or dismiss anything a person says, and any mention of suicide should be viewed as a request for help.
3. Most people who are planning suicide show at least some warning signs; others show none and many of those nearest them are taken completely by surprise when their friend or relative takes their own life. Community services workers need to be vigilant in detecting the signs; sometimes this involves working on hunches or intuition.
4. When working with someone who may be at risk of suicide it is important to ask direct questions about their intentions.
5. As a worker, you can assist people who are thinking of suicide by encouraging them to reflect upon all the reasons they have to live and the links they have to life, which may include family, friends, pets, personal desires and interests.
6. It is important to explore with the individual why they want to end their life. This will involve listening and asking questions in a caring and sensitive way. Try to find out the person's own understanding of their predicament.

2C Work with the person to develop and implement a safety plan that reduces immediate danger to the person and others

Developing a safety plan to help keep a person safe is an essential part of the suicide intervention process. After a worker has carried out an assessment of an individual's level of risk and the person has acknowledged the risk, the worker and the person should collaborate to develop a safety plan.

A safety plan is a course of action for employing suicide safety for the person at risk. The person can follow it to keep themselves safe, by reducing the immediate danger of self-harm and suicidal behaviour, and mobilising access to emergency medical help when needed.



Work with the person

Suicide safety involves safety planning and this needs to be a collaborative process so the person can feel a sense of ownership over the final plan. It is important that they feel comfortable about the plan and are prepared to take responsibility for carrying out the strategies they helped devise. The plan should be in writing, and include the names and numbers of informal support people as well as emergency support services.

Safe actions to consider when implementing a safety plan

- ▶ Tailor it to meet the individual's needs
- ▶ Use a collaborative effort and include input by the person at risk, the worker and other support people
- ▶ Focus on preventing any future suicidal crisis
- ▶ Engage the person's natural social supports
- ▶ Cover a specific period of time and have a review date
- ▶ Include contact details for around-the-clock support, such as mobile crisis teams and crisis hotlines

Develop a safety plan

Collaboration is an important principle in intervention because it will help to ensure that the person feels comfortable with the safety plan and shows a willingness to use

Facilitate emergency interventions

It is critical that the suicide plan clearly outlines how the person can obtain emergency help when they need it. Workers should discuss with the individual and their support person when they should use these services, such as when they start to find their thoughts of suicide overwhelming.

If a person is showing signs of mental illness and/or is at high risk of harming themselves or others, but is unwilling to receive emergency treatment or medical attention, workers may have to call the police to take the person to a hospital on an involuntary basis.

The plan should contain contact numbers for emergency help including:

- ▶ ambulance services
- ▶ police
- ▶ doctors
- ▶ crisis and mental health outreach services
- ▶ the nearest hospital emergency department
- ▶ suicide and crisis hotlines.

Obtain emergency help

In cases where a person requires emergency intervention keep them safe, the worker must arrange for them to be taken to a hospital emergency department or to have a mental health or crisis team come to the person. If the individual appears mentally unstable, is aggressive or threatening to harm themselves or others, and will not consent to assessment or treatment, workers should call the police to have the person taken to hospital.

In less threatening situations where the person still clearly requires emergency help, workers should ring an ambulance or crisis team, or establish if family members or friends are available who can safely escort the person to hospital. It is important in these circumstances that the person at risk receives immediate mental health assessment and care to reduce their risk of harm.

Seek police intervention

If it is apparent that the person at risk is mentally ill and has made threats of harming themselves or others, workers should call the police to protect both the person and the other people involved.

Each state and territory in Australia has its own Mental Health Act. In most cases these Acts allow the police to take a person involuntarily for treatment if they are deemed to be mentally ill and at risk of harming themselves or someone else. In cases where a person is not obviously mentally ill and is considering suicide but has not actually attempted suicide, the role of the police is less clear.



Duty-of-care obligations

The standard of care expected of you is the standard a reasonable person would provide when working in the community services sector.

To fulfil your duty of care, you should:

- ▶ adhere to all reasonable directions given by your employer
- ▶ act in a way that a 'reasonable' person in your position would be expected to act
- ▶ avoid misusing equipment or substances
- ▶ manage safety risks within the service
- ▶ adhere to your duties as outlined in your job description
- ▶ write up all necessary records and documentation promptly and accurately
- ▶ be aware of the rights of the people accessing the service and make sure they also know their rights
- ▶ use your common sense
- ▶ seek advice from your supervisor if you are unsure of what to do in a particular situation.

Obligations and negligence

In cases where workers fail to take reasonable steps to ensure the safety of the person or others, they may face charges of negligence. Usually it is the organisation they work for that will have to accept the main responsibility for any negligent action on behalf of the employee, but employees may still have to take some responsibility. For example, if a worker fails to assess the level of risk a person faces, or fails to ensure that they have restricted access to the suicide means they have chosen – such as strong prescription medications – they may be charged with negligence.



In order to protect themselves, workers should check with their supervisors that they have done everything possible in a given situation to secure the safety of the individual and others.

Define boundaries

You have a duty of care to the person you are working with as well as your employer to work safely and ensure your work does not harm anyone. Make sure you understand the limitations of your role and your level of authority. If you do not have the skills, knowledge, qualifications and authorisation to conduct your work, you are in breach of your duty of care. It is your responsibility and duty of care to take quick and appropriate action to ensure on-going safety and care for the person. You are likely to be required to identify and assess immediate risks during the course of the service being provided. Here are some strategies that will help clearly define your professional boundaries.

Part B

Read the case study, then answer the questions that follow.

Case study

SuicideLine is funded by the Victorian Department of Health and provides the following example of what a suicide safety plan should include.

Your suicide safety plan should include:

1. Information about when to use the plan. List the kinds of situations, thoughts, feelings or other warning signs that may lead to you feeling suicidal.
2. A list of things that you can do that help you feel calm and comforted. Think of soothing, calming activities that you can employ when you're feeling suicidal.
3. A list of all your reasons for living. It can be helpful to refer to this list when you're feeling suicidal, as you can lose focus on the positive aspects of your life and concentrate only on the pain you're experiencing. Your list can remind you of these positives you may have forgotten.
4. People you can talk to when you're feeling suicidal. Include their names and contact details, and make sure you have backups.
5. Professionals who you can talk to if you need to, again including their names and up-to-date contact details.
6. A plan of how you can make your environment safe. Think about items you might be likely to use to hurt yourself, and detail how you can remove or secure them. Your plan may also include avoiding things you know make you feel worse.
7. Emergency contact details that you can use if you are still feeling unsafe. List the name and address of your nearest emergency department or crisis helpline.
8. Make a commitment to your safety plan. This means promising yourself that you will implement your plan if you need to. The commitment could also involve promising (out loud) to a family member, friend or professional that you will follow your plan.

You can read more about SuicideLine and a suicide safety plan at the following site: www.suicideline.org.au/at-risk/how-to-make-a-suicide-safety-plan

1. Why is it important that the person be recommended to 'List the kinds of situations, thoughts, feelings or other warning signs that may lead to you feeling suicidal?'

Build capacity to make informed choices

Workers should take a strengths-based approach to encourage and enable an individual to make decisions about their future care. This means looking to an individual's personal resources and developing their confidence to make choices by asking them about situations they have managed well in the past.

Focus on a person's abilities and strengths rather than their failure or loss. This will help them to see that they do have the potential to achieve goals and take control of their lives.



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Example

Empower the person at risk to make informed choices about further help

Con is an elderly Greek man who lost his wife Toula to cancer six months ago. Since Toula's death Con has gradually become more isolated and is having persistent thoughts of suicide. One of Con's neighbours rings the local neighbourhood centre to say that she is very worried about Con because she rarely sees him. Michael, a community services worker, goes to visit Con. Michael and Con talk about Con's grief and loss of desire to live, and when Michael asks Con if he has thoughts of suicide Con says yes. They spend some time exploring Con's feelings. Here is how Michael helps Con to make an informed choice.

Identify support options

Michael comes to understand that Con's thoughts of suicide stem from his unresolved grief and isolation. He discusses with Con the various types of services that could help him, including GPs, counsellors, bereavement support groups, mental health services and services for people from culturally and linguistically diverse (CALD) backgrounds.

Michael asks Con what type of assistance would most help him. Con says he would most value support from people from his own culture who understand traditional ways of grieving. Michael contacts organisations from CALD backgrounds. They are able to suggest how to contact Greek community services and link Con with other Greek people willing to help him.

Make an informed choice

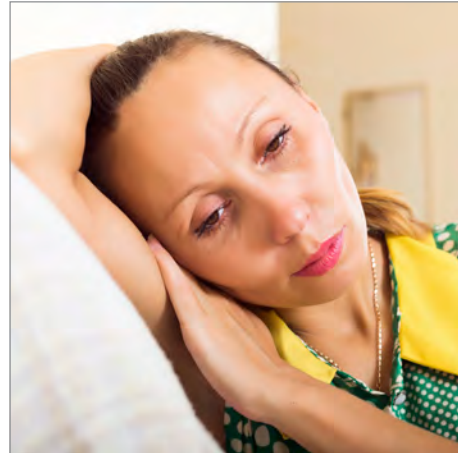
Michael discusses these options for support with Con and asks if he is willing to proceed. Con says yes. One of the organisations is able to send around one of their own Greek community volunteers. Georgio and Con establish an immediate rapport. Georgio tells Michael that he knows many people in the Greek community who would be willing to support Con and help him come to terms with his wife's death, and look after him as one of their own family.

Con says he realises that he needs to start taking an interest in life again in order to ensure his own safety. He is very happy to have met Georgio and tells Michael that he will start visiting his doctor again, and may also go to a support group Michael mentioned.

3C Help the person identify coping strategies to manage recurrence of suicidal thoughts

Workers have a responsibility to help people at risk of suicide to develop a range of appropriate coping strategies by providing them with information about what they can do to help themselves and to access appropriate sources of support and services.

The strategies will help them overcome, or manage, thoughts of suicide and sustain them when they are feeling vulnerable. These strategies draw on strengths-based approaches that encourage the individual to recognise their own resources, both internal and external, to deal with problem situations associated with thoughts of suicide.



Strengths-based approaches

A strengths-based approach means that workers explore the strengths and resources for managing problems that the person already has. The purpose is to engage the person's own problem-solving abilities to deal with thoughts and behaviour that may place them at risk. Here is how to use a strengths-based approach.

Begin by identifying strengths

- ▶ Begin by asking the person what they consider their strengths are. If the person is not sure how to answer the question, ask other questions to unearth strengths, such as what things have they done in their life that they are most proud of, or how have they coped with problem situations in the past.

Help to identify strengths

- ▶ Many people have strengths and resources that they do not recognise. These may include good physical health, a desire to help others, an ability to solve work problems, and many friends. A worker needs to help individuals recognise and draw on their strengths and abilities to develop coping strategies that will help them manage suicidal behaviour.

Provide information about coping strategies

- ▶ Coping strategies may be internal, which include how the person manages their own thoughts and behaviours, or external, when the person seeks help from external sources and supports. It is important that workers provide information about different coping skills to guide people in developing strategies that most suit their personality and individual needs.

Signs of mental illness

The recognition and treatment of mental illness is an important strategy in preventing suicide. Suicide risk is highest in people who have mental health problems but are not receiving any or appropriate treatment. It is important that workers provide information about appropriate sources of help regarding any symptoms a person may have. In the first instance, this may be a GP for a general health check-up or community health centre.

Workers need to look for signs of possible mental illness when dealing with people at risk. Some of these are outlined below.

Emotion

- ▶ When a person presents as emotionally flat and has blunted emotions it can be a sign of depression or of schizophrenia.
- ▶ Mood swings such as a highly elevated mood followed by deep depression may be a sign of bipolar disorder.

Perception

- ▶ Someone with schizophrenia may have disorganised thoughts, be delusional and have auditory or visual hallucinations. They may show signs of paranoia.
- ▶ People with anxiety disorders may have generalised high-level anxiety or show signs of phobias and compulsions.

Behaviour

- ▶ A person with schizophrenia may suddenly start giggling uncontrollably or having a conversation with imaginary people.
- ▶ Some people with depression may appear to be in a stupor-like state.
- ▶ Someone experiencing acute mental illness may be highly agitated, restless, delusional and aggressive.
- ▶ People with mental disorders generally tend to withdraw from social contact.

Appearance

- ▶ People with mental illness may neglect themselves.
- ▶ Some people may appear unkempt.
- ▶ Some people with mental illness may seem distracted and preoccupied

Mental health concerns and the impact on interventions

Mental health concerns may influence the type of intervention and the role of the support worker as well as the referral options that are available and appropriate. Workers must note any signs that suggest a person may be experiencing a mental illness. If it is clear that there are mental health concerns and the person is having problems making informed and rational decisions, the worker should refer them to a doctor, community mental health service or other mental health professional for a mental health assessment. In cases where a person is agitated or aggressive, the worker should act to protect themselves and others.

External barriers

Sometimes people may face external barriers in obtaining help. Some of these barriers are outlined below.

Service perception

External barriers occur when service providers or others do not take the person's request for help seriously, or do not believe they are at risk. A person must insist on their right to receive a service or immediately request help from another provider. Safety plans should include contact numbers for a range of sources for help. They should also be encouraged to ask a family member or friend to support them to obtain the service they need.

Social stigma

Social stigma may also make some individuals wary about accessing help. Many people who have never considered suicide do not understand why anyone would want to take their own life. For these people, suicide is associated with weakness. Workers should explain that there will always be people who think like this and that personal experience, education and information about suicide can help these people to overcome their prejudice.

Service access

Other barriers may include geographical isolation and lack of access to services. Fortunately there are now free telephone counselling and crisis lines, and internet counselling services, so people in isolated areas can obtain support. It may be your responsibility to ensure that everyone knows about these services and that they're easily accessed.

Overcome barriers

One of the reasons that people at risk need to obtain further care and support is to help them learn to be more resilient and develop coping strategies they can use when dealing with suicidal thoughts. These same strategies, outlined below, can also assist people to overcome barriers to obtaining ongoing support, by helping them realise they have a right to such care.

Increase resilience and develop coping skills

- ▶ Strategies to increase resilience and develop coping skills usually involve behavioural interventions that teach people to change the way they think about themselves and the kind of self-talk they engage in. They encourage people to move from a position of helplessness to one of actively considering options and developing problem-solving strategies.

Focus on strengths and achievements

- ▶ Workers conducting an intervention with individuals at risk should encourage them to overcome barriers and seek further care. They should also focus on the person's strengths and achievements, and have them consider how they overcame barriers in the past. In this way, individuals can begin to draw on their range of skills to find solutions to their own problems.

Lower levels of risk

Another person with lower levels of risk and support needs may opt to attend a self-help group once a month or when they feel the need for extra support. Such a person may choose to draw on their own informal support network rather than engaging with specific services. How and when someone decides to participate in formal services should be documented in their ongoing management plan.

Informal supports

Workers should encourage individuals to consider the informal supports who may be able to assist them in the longer term. This may include trusted family members, friends and perhaps community volunteers.

Informal supports are likely to form the first line of support when a person feels the need to talk about or distract themselves from thoughts of suicide. These people must understand the need to offer a supportive and non-judgmental presence when a person requires their help.

They should also know how to access emergency help if this is required. It is also a good idea to obtain consent to include the names and contact details of the person's main informal support people in the ongoing management plan.



First steps to access informal and professional help

In order for a person at risk to access and use both informal and professional help, they must first acknowledge that they need such help and be willing to establish a connection with suitable supports and professional help.

Establishing a connection with both informal supports and professional help will require the person to self-disclose and discuss their concerns. Some people may find this difficult at first, so it is important to encourage the person to focus on the long-term benefits of having this kind of help, as explained below.

Long-term benefits

- ▶ Learning new ways of coping with thoughts of suicide
- ▶ Becoming stronger and more able to help themselves
- ▶ Learning more about themselves
- ▶ Having someone to talk to about problems and concerns when they most need it
- ▶ Being able to help others in the same situation
- ▶ Developing better relationships

Example

Refer to appropriate professionals as required

Here are some important tips and considerations for making effective referrals.

Referral tips

Keep an up-to-date list or database of services and health professionals that you may be able to use for referrals.

Know the hours, eligibility criteria and basic services provided by the agencies and organisations you use on a regular basis.

Develop a relationship with people from services you use on a regular basis and make sure you are always courteous to agency personnel.

Follow up on all the referrals you make and check with the person that the referral is meeting their needs.

When making a referral, take into account how easy it is for the person to get to the agency.

Be prepared to offer another referral if the first one does not work out.

Never criticise other workers or the services they represent.

Keep accurate records about all the referrals and follow-up calls you make.

Seek permission from the person before making a referral and disclosing any information about them.

Practice task 17

1. Who can be asked to assist in case of emergency medical care?

2. After seeking consent what happens next in a referral process?

4A Document suicide safety plan and follow up action according to evidence informed standards of care and organisation requirements

Workers have a responsibility to ensure that they accurately report and document the plans they have developed in collaboration with the people they are supporting. These plans include those related to ongoing safety, identified supports, coping strategies and follow up actions. Communicating this information helps ensure that all staff involved in a case are kept up to date and have an accurate record of what plans are in place. Information must be stored and maintained according to organisational requirements.



Write plans and reports

Plans and other reports should be written in a clear, factual and objective way that adheres to the organisation's documentation guidelines. Reports should be evidence based and workers must provide the facts rather than what they think or feel about a situation. If all of the facts about a situation are not clear, rather than inferring that you know more than you do, it is best to not include the information or state that the facts of what occurred and what was witnessed. You should never assume what happened, or make a guess. If you are reporting what someone else has said, use direct quotes as much as possible.

To complete documentation accurately, consider the following.

Be accurate and clear

Follow your organisation's policies and procedures about documenting information, as these may vary from organisation to organisation.

Write facts only about what you see, hear and do.

Make sure you write in a clear and concise way so it is easy for other workers to understand what you have reported.

Document information as soon as possible after working with an individual – this is to ensure that you don't forget important details and that your colleagues are kept up to date with the latest information on that person.

Check what you have written to make sure it is accurate.

4B Communicate relevant information to work colleagues and relevant others

Communicating relevant information helps ensure that all staff involved in a case are kept up to date and have an accurate record of what plans are in place. When all the staff working with a particular individual knows what supports and coping strategies a person is using, they can more effectively support that person. It also helps to avoid confusion and conflicting advice if the strategies are clearly documented.



Shared information will assist all stakeholders involved in the care program to develop strategies that are most appropriate to the care needs and preferences of the person. All feedback should be documented on the progress notes in the care plan and all stakeholders informed of changes in circumstances. Personal information can also be presented verbally in team meetings or to other people working outside of the organisation including health professionals for referrals.

Multidisciplinary approach

Working cooperatively with colleagues, people from other services and health professionals can be a useful multidisciplinary or shared approach.

Individual service providers are not equipped to deal with every condition that a person may present with. It is necessary to work in conjunction with other service providers to monitor progress and ensure the best possible care and support for the person.

Taking a multidisciplinary approach may include:

- ▶ making note of information provided by other services such as doctors' reports or referral letters
- ▶ referring people to appropriate services or professionals for expert assessment
- ▶ providing professionals with information that you have collected about the person with your referral
- ▶ obtaining the person's consent to discuss information with other services.

Communicate with a presentation

Regardless of the type of communication that is used to pass on relevant information to others, for communication to be effective, the communicator needs to be clear and the receiver needs to understand the message. Here are some things to consider when conducting a presentation.

Ways to communicate effectively include:

- ▶ speaking clearly
- ▶ not speaking too fast or slow
- ▶ projecting your voice

4D Identify and respond to the need for own supervision and debriefing

People involved in crisis and suicide intervention work must take care to look after themselves in order to avoid stress-related health problems and burnout. This is an extremely challenging and stressful area of work, and organisations that provide these services must have procedures in place for workers to debrief after an incident and ways to offer ongoing support.

Supervisors provide valuable role as a support person and mentoring. One of the roles of a supervisor or manager is to mentor you and support you to develop your skills. Seek their advice when you come across situations where you are not sure what to do or want to discuss a situation. Consider the value of debriefing and the following self-care strategies.

Debriefing sessions

Debriefing allows a worker to discuss the events of an intervention and to air any concerns they may have about the role they played. Debriefing usually takes place with a supervisor or counsellor, and allows the worker to vent feelings that they may not be able to outside the work environment because of privacy and confidentiality issues. The process should be supportive to the worker and assist them to come to terms with events that they may have found emotionally challenging or taxing.

Self-care strategies

Ensure that you take steps to look after your own mental and physical health in order to carry out your work in an effective way. There are many types of self-care strategies and no one type will meet everyone's needs. It is important that you take the time to work out what works best for you. This might involve keeping interested in your own life and friends.

Review and debrief after an incident

After any serious incidents that have resulted in or could have resulted in injury or damage to property there must be a review as soon as possible. This is particularly the case when the incident occurred on the premises of a service provider. This would be part of the organisation's workplace health and safety requirements to ensure a safe work environment. A review may identify safety issues and crisis procedures that need to be improved within the organisation.

A review following an incident is not the same as a debriefing session. Reviews of suicide attempts are a part of the case management and the support person, along with other colleagues can review and reflect on what happened and why. Reviews also give everyone an opportunity to provide feedback about the incident and evaluate the impact on staff and those accessing the service.

All staff involved in the review should read the reports about the incident so they can discuss what happened and why it happened.

Reviewing an incident related to behaviours of concern allows staff to discuss what happened and plan how to manage any future incidents.